

FROM :

FAX NO. : 945 7864

Nov. 16 2005 12:52PM PG

6/10

MAR 13 2000

ID SEKIYA (7361)

03/13/2000

RTC fasciitis/sub calcaneal bursitis - right foot. She noted her heel pain to recur over the past weeks as she has been doing more walking more than usual. She has also noted the skin lesion to re-appear.

Palpable tenderness local to the fascial insertion. Hubscher manuever slightly noted. Ankle ROM as previously noted. **Debridement of the lesions now reveal pinpoint bleeding with the absence of skin lines.

X-Rays were deferred.

Fasciitis/sub calcaneal bursitis - right foot.

Verruca plantaris - right heel

- 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
- 2) OTC verruca preps. She declined cryosurgical tech
- 3) RTC PRN.

W

APR 27 2000

Pt cancelled today's appt "inactive". Resched to 5/3/00, up

MAY 03 2000 Pt cancelled appt. Doing ok w
7/31/02 - pt added to house later skin list forced to leave

SEP 14 2000

09/14/2000

ID SEKIYA (7361)

RTC fasciitis/sub calcaneal bursitis - right foot. She is doing well with her shoes and supports. She is here to evaluate her shoes and supports.

Palpable tenderness minimal to the fascial insertion. Hubscher manuever slightly noted. Ankle ROM as previously noted. **Debridement of the lesions now reveal pinpoint bleeding with the absence of skin lines.

X-Rays were deferred.

Fasciitis/sub calcaneal bursitis - right foot.

Verruca plantaris - right heel

- 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
- 2) OTC verruca preps. She declined cryosurgical tech
- 3) RTC PRN.

V

3998 Ref 51543A

Johnson & Johnson Professional, Inc.
Raynham, MA 02767 U.S.A.
G51543A0298A

NOV 01 2000

+H216051543A1A

11/01/2000

LINDA SEKIYA (7361)

S -- This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Prior care consisted of conservative care with stretching and strengthening exercises. Patient was prescribed Celebrex there is no side effects.

Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

DATE

A --

W

FROM :

FAX NO. : 945 7864

NOV. 16 2005 12:53PM P7

7/10

- 3) Sub calcaneal bursa -- right heel.

P -

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Night splint.
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

7301

Michael K.Y. Chun, DPM

Scheduled MRI @ Pali Momi Wed Dec 6 10:00 AM 1:00 Scan
Called pt to confirm - 32

LINDA SEKIYA (7361)

11/22/2000

S -

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Patient relates to increase pain over the past two weeks. She is utilizing the night splint which helps though overall her symptoms are still noted. Patient relates no similar musculoskeletal symptoms. No fever chills or malaise.

O -

Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A -

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa -- right heel.

P -

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Schedule bone scan -- rule out fracture right heel.
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

bc

Michael K.Y. Chun, DPM

DEC 00 2000

00 Pt called did MRI results in yet. told pt J'll call & fin. X
DEC 09 2000

(Portosin injection (R) Heel

FROM:

FAX NO. : 945 7864

Nov. 16 2005 12:51PM P2

LINDA SEKIYA (7361)

PROGRESS NOTES

12/09/2000

(8/10)

S - This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Recent bone scan reveals no evidence of a fracture. Patient is here for cortisone injection.

O - Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A -

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa -- right heel.

P -

1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
2) TX: Cortisone injection #1 - Celestone Soluspan 0.5 cc mixed with 1.0 cc lidocaine plain administered to the plantar medial aspect of the calcaneus. Patient was informed that they may experience local pain, swelling, and redness to the injection site and are to utilize ice packs along with the use of Tylenol or the prescribed anti-inflammatory as directed.
3) RX: Celebrex PRN.
4) RTC: 4 weeks.

DEC 2 2005

Michael K.Y. Chun, DPM

FROM:

FAX NO.: 945 7864

NOV. 16 2005 12:51PM P3

9/10

PROGRESS NOTES

LINDA SEKIYA (7361)

12/23/2000

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Status post #1 cortisone injection - right heel with 50% relief of symptoms. Patient is still utilizing crutches for assistance.

O --

Palpable tenderness was local but reduced to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa - right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Defer cortisone injection today - continue with conservative care
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

Y22/01 - lift injury in tape to reschedule 2/24/01 to another day. m
Y23/01 pt called to cancel 2/24/01 - have this appt rescheduled

FEB 15 2001

(left in my (R) foot)

LINDA SEKIYA (7361)

02/15/2001

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Patient relates symptoms to slowly increase over the past week. Patient is trying to do her lower extremity exercises. Patient is not taking the Celebrex.

O --

Palpable tenderness was local to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa - right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Cortisone injection #2 -- Celestone Soluspan 0.5 cc mixed with 1.0 cc lidocaine plain administered to the

plantar medial aspect of the calcaneus. Patient was informed that they may experience local pain, swelling, and redness to the injection site and are to utilize ice packs along with the use of Tylenol or the prescribed anti-inflammatory as directed.

- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

FROM:

FAX NO.: 945 7864

Nov. 16 2005 12:52PM P4

10/10

PROGRESS NOTES

TE | MAR 12 2001

LINDA SEKIYA (7361)

03/19/2001

S

... his 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Patient status post #to cortisone injection with a slight reduction in symptoms. Patient has also been seeing Dr. Portner and will start a PT session. This office was not informed of her conjoined treatment. Patient is utilizing crutches with a 4 point gait. Patient also has added numerous heel pads and supports to her shoes. Past medical history noted found to be non-contributory - though will consider her anxiety as part of a/contributory to a possible pain syndrome.

C --

As previously noted: Palpable tenderness was local to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher manuever was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa - right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Will have patient continue with Dr. Portner. Patient relates that he does not need our medical notes at this time.
- 3) RX: Celebrex PRN.
- 4) RTC: Discharge from our care.

Michael K.Y. Chun, DPM